

RECEIVED
CENTRAL FAX CENTER

SEP 29 2004

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0551-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

14

Application Number	09/602,483
Filing Date	June 23, 2000
First Named Inventor	Melvin J. Albrecht
Art Unit	1764
Examiner Name	H.T. Tran
Attorney Docket Number	Case 6096

ENCLOSURES (Check all that apply)


<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
--	--	---

Remarks

Examiner H.T. Tran identified that the attached reply was not received by the office.

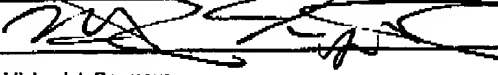
Applicants certify that reply was indeed sent on September 21, 2004 and have attached the Auto-Reply Facsimile as proof thereof, along with a copy of the reply itself.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Michael J. Seymour		
Date	September 29, 2004	Reg. No.	54,436

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Michael J. Seymour	Date	September 29, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

TO: Auto-reply fax to 330 860 6609 COMPANY:

SEP 29 2004

TO: Fax Sender at 330 860 6609

Fax Information
Date Received:
Total Pages:

Fax Sender at 330 860 6609

9/21/2004 9:59:32 AM (Eastern Daylight Time)
11 (including cover page)



ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received
Cover
Page

SEP 24 2004 10:05 AM BARBUCK-WILCOX PHTN330 008 6609 TO 81768372913 R.01/11

DT-1000 (10-03)

Approved for use through 9/30/2005. DMS 0001-0002
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE
In compliance with the provisions of the American Antitrust Act, this document is made available to the public.

Under the American Antitrust Act of 1990, all documents are made available to the public.

**FEE TRANSMITTAL
for FY 2004**

Effective 10/1/2003. Please have any changes to this form.

☐ Applicant claims initial office status. See PP C234 1.57

TOTAL AMOUNT OF PAYMENT (b) \$80.00

Complete if known

Application Number	04602,463
Filing Date	June 25, 2000
First Name (inventor)	Marion J. Andrews
Examiner Name	M.T. Tran
Art Unit	1704
Examiner's Office	Class 609B

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money order ☐ Other ☐ None

Examiner's Account

Applicant's Name	90-1013
Applicant's Address	The Barbuick & Wilcox Co.

☐ Receipt to be submitted for payment of this office

☐ Change name (FIDUCIARY) ☐ Draft my name please

☐ Change any additional (FIDUCIARY) or my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

☐ Change name (FIDUCIARY) and my name please

FEE CALCULATION (continued)

5. ADDITIONAL FEES

Name, Address, and City

Fee Description

Fee Code

Fee Amount

Fee Total

Fee Code

Fee Amount

Fee Total

Fee Code

Fee Amount

Fee Total

Fee Code

Fee Amount

Fee Total

Fee Code

Fee Amount

Fee Total

Fee Code

Fee Amount

Fee Total

Fee Code

Fee Amount

Fee Total

** TX STATUS REPORT **

AS OF SEP 21 2004 10:08 PAGE.01

BABCOCK-WILCOX PATENT

DATE TIME TO/FROM MODE MIN/SEC PGS JOB# STATUS
 05 09/21 10:05 USPTO EC--S 02'51" 011 233 OK

PTO/55/17 (10-03)

Approved for use through 07/31/2008. OMB 0861-0032
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$)**950.00**

Complete if Known

Application Number **08/802,483**
 Filing Date **June 23, 2000**
 First Named Inventor **Matth J. Albrecht**
 Examiner Name **H.T. Tran**
 Art Unit **1764**
 Attorney Docket No. **Case 6086**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:

Deposit Account Number **50-1813**
 Deposit Account Name **The Babcock & Wilcox Co.**

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (8)	Small Entity Fee Code (8)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 180	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$)-0-

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims -20*- ☐ X ☐ Fee Paid
 Independent Claims -3*- ☐ X
 Multiple Dependent

Large Entity Fee Code (8)	Small Entity Fee Code (8)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 98	2201 43	Independent claims in excess of 3	
1203 290	2203 143	Multiple dependent claim, if not paid	
1204 80	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$)-0-

*For number previously paid, if greater: For Reissue, see 80019

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity - Small Entity

Fee Code (8)	Fee Code (8)	Fee Description	Fee Paid
1051 130	2051 66	Surcharge - late filing fee or oath	
1052 60	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	2053 130	Non-English specification	
1812 2,520	2812 2,520	For filing a request for ex parte reexamination	
1804 620*	2804 620*	Requesting publication of BUR prior to Examiner action	
1805 1,840*	2805 1,840*	Requesting publication of BUR after Examiner action	
1291 110	2291 55	Extension for reply within first month	
1292 420	2292 210	Extension for reply within second month	
1293 930	2293 475	Extension for reply within third month	
1294 1,480	2294 740	Extension for reply within fourth month	
1295 2,010	2295 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 830	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1401 1,510	2401 1,510	Petition to institute a public use proceeding	
1402 110	2402 55	Petition to revive - unavoidable	
1403 1,330	2403 665	Petition to revive - unintentional	
1501 1,130	2501 685	Utility issue fee (or reissue)	
1802 480	2802 240	Design issue fee	
1803 640	2803 320	Plant issue fee	
1400 130	2400 130	Petitions to the Commissioner	
1807 50	2807 50	Processing fee under 37 CFR 1.17(g)	
1806 180	2806 180	Submission of Information Disclosure Sheet	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1808 770	2808 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	2802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$)**850.00****

SUBMITTED BY

Name (Print/Type) **Michael J. Seymour**Registration No. **54,436**Telephone **330-980-6805**Signature Date **September 21, 2004**

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

PTO/SB/21 (02-04)


Approved for use through 07/31/2008. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/602,483	
	Filing Date	June 23, 2000	
	First Named Inventor	Malvin J. Abrecht	
	Art Unit	1784	
	Examiner Name	H.T. Tran	
Total Number of Pages in This Submission	11	Attorney Docket Number	CASE 6099

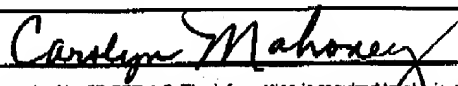
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Michael J. Seymour
Signature	
Date	September 21, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Carolyn Mahoney	
Signature		Date September 21, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 950.00)

Complete If Known

Application Number	09/602,483
Filing Date	June 23, 2000
First Named Inventor	Melvin J. Albrecht
Examiner Name	H.T. Tran
Art Unit	1764
Attorney Docket No.	Case 6096

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:
 Deposit
Account
Number
Deposit
Account
Name

50-1813

The Babcock & Wilcox Co.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)-0-

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)-0-

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 950.00)

SUBMITTED BY

Name (Print/Type) Michael J. Seymour

Registration No. 54,436

Telephone 330-860-6605

Signature

Date

September 21, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.